COHEN (J. S.)

Common Membranous Sore Throat.

BY

J. SOLIS-COHEN, M. D.,

PHILADELPHIA.

REPRINTED FROM

The New York Medical Journal

for March 23, 1889.

Reprinted from the New York Medical Journal for March 23, 1889.

COMMON MEMBRANOUS SORE THROAT.

By J. SOLIS-COHEN, M. D.,
PHILADELPHIA.

Described by authors under the following heads: Non-malignant membranous sore throat, diphtheritic sore throat, herpetic sore throat, aphthous sore throat, croupous angina, common membranous angina, herpes pharyngis, herpes gutturalis, angina membranacea, *seu* herpetiformis, *seu* aphthosa. A rather frequent form of sore throat, often confounded with diphtheria, occurring at all seasons, characterized by the exudation of products eventually fibrinous which coagulate upon the surface of the mucous membrane into a pellicle or pseudo-membrane.

The characteristic features are preceded for two or three days by those of ordinary sore throat. In most instances these symptoms supervene upon chill, with febrile reaction and subsequent manifestations of general systemic disturbance, such as headache, nausea, and intense fever, the temperature rising to 103° to 105°. Then the pain increases, glutition becomes painful for a few days, and the conditions to be described presently are observed. Recovery is usually spontaneous within ten days or less. In some subjects recurrences take place at short intervals for weeks or months, or even during years.

The disease is usually unilateral, and the corresponding

submaxillary and cervical lymphatic glands sometimes become moderately swollen. It is maintained by some observers of unquestionable authority that within a few hours of invasion the initial feature of the local expression of this disease may always be detected on the palate and uvula, sometimes on the tonsils, less frequently on the pharynx, and occasionally on the hard palate. Small vesicles of the size of a millet-seed or somewhat larger are seen either isolated or in groups, with contents more or less turbid and surrounded by more or less vivid zones of inflammation. Actual tumefaction has been described (Potain, "Gaz. des hôp.," 1879, No. 11). Occasionally the vesicles disappear without traces after a day or two, and then there will be no membranous exudation. Some authors (Bosworth and others) restrict the term herpetic sore throat to these rare instances. So rarely is a case seen sufficiently early to detect the vesicular stage that this initial feature has been denied (Vogel). I have seen it in a very few instances. Most frequently the vesicles undergo rupture in from twenty-four to thirty-six hours, and the ruptured tissues present as small irregular excoriations which become covered almost immediately with a grayish-white plastic exudation. This exudation extends and becomes coalesced into contiguous patches which have commenced in the same manner. Ulcerated mucous surfaces in other parts of the body often become covered with the same sort of deposit during the attack, and even cutaneous surfaces likewise, but to a less extent. In some instances the vesiculation is limited to the uvula, sometimes to its posterior and inferior surfaces; and then sometimes the false membrane does not form upon the surface of the excoriations, but the mucous membrane becomes simply swollen and pasty looking. In some instances, and chiefly in children, the false membrane extends into the larynx. In some cases there is also herpes

at the corner of the mouth, or on the inner surface of the lips or cheek, or on the tongue. In most instances the tonsils become slightly swollen, and then covered with a whitish or yellowish-white exudation, but slightly adherent. Sometimes there are accumulations of viscid, ropy, and turbid mucus. The soft palate and often its anterior fold, especially that portion in front of the swollen tonsil, acquires a fissured or corrugated aspect in many instances, and the membranous coating is distributed upon it more or less irregularly. If this be removed comparatively early, the surface is often found eroded and sometimes slightly hæmorrhagic. When removed at a later date, the mucous membrane appears normal, the erosions having healed up meanwhile.

The affection has been regarded as a herpes zoster of the trifacial nerve, the result of irritation of the spheno-palatine ganglion (Herzog, "Pester. med.-chir. Presse," 1880, No. 19; "Jahrb. für Kind.," 1880, December 23d).

A membranous sore throat precedes some cases of enteric fever, and attends the advanced stages of some cases of phthisis and syphilis, due to the lowered vitality which prevents reproduction of healthy epithelium. That form of sore throat is not the variety under discussion.

Exposure to emanations from the products of inefficient house drainage, ill-ventilated water-closets, or other fœtid accumulations, is often the apparent predisposing cause. The most frequent immediate cause of the attack is exposure to cold while the body is overheated or its cutaneous surface is in a state of active perspiration. Some patients are attacked almost annually, some oftener than once in a season. The disease is often contracted by susceptible subjects during the prevalence of diphtheria, and then it may become a starting-point for that disease. Under similar conditions it is sometimes endemic. Females are attacked more fre-

quently than males, and young males more frequently than mature males. In some instances several females in a family or in a household will be attacked while all the males escape, probably because their vocations take them away from the continuous influence of the contagium in-doors.

The general subjective symptoms are those of acute sore throat, with marked febrile disturbances usually sthenic in type. The parts affected feel dry and hot, these sensations in many instances extending toward the ear, in some into the posterior nasal passages, in a few into the larynx. Glutition is often both difficult and painful. When the larynx is involved, there will be superadded hoarseness, dyspnœa, and cough.

Great difficulty is often experienced in diagnosis, especially because the disease is rarely caught sight of during the vesicular stage. Sometimes one or more of the excoriations left by the rupture of the vesicles can be detected. Sometimes small isolated islets of pseudo-membrane indicate recent formation by their transparency and their origin from a vesicle by their shape (Peter). The co-existence of cutaneous herpes is a corroborative indication, but is by no means an infallible guide. In many instances differentiation from diphtheria is impossible, the more so that diphtheria is sometimes precipitated by a membranous sore throat. On the whole, the elevated temperature—103°–105° F.—so out of proportion to the mildness of the symptoms, and the absence of any history of possible exposure to infection from diphtheria, especially when the patient is a female, may be regarded as important factors of diagnosis in doubtful cases. The distinction from mycotic sore throat is easy, because the latter is apyretic and intermittingly continuous, and presents evidences of the *Leptothrix buccalis* under microscopic inspection of the pseudo-membranous product.

The tendency of the disease is to recovery, except in some rare instances in which the larynx becomes involved and life gets into jeopardy from mechanical obstruction to respiration. In the majority of instances recovery is spontaneous in from seven to ten days. Occasionally, and especially in children, death ensues by apnœa from the results of extension of false membrane into the larynx. Recurrences are not infrequent. In some individuals they are so frequent as to constitute a chronic membranous sore throat. One of my patients had recurrences during a period of fifteen years. In these instances there is usually some local cause for recurrences at work in the patient's dwelling. In my own practice several patients, whose attacks were at least annual, and some of which were still more frequent during a series of years, acquired thorough immunity from recurrence after yielding to my urgent advice to move into more salubrious quarters.

Under debilitated conditions of system, common membranous sore throat will not be unlikely to merge into phagedenic ulcerous sore throat.

Paralysis of the palate sometimes follows recovery from common membranous sore throat.

When the diagnosis of common membranous sore throat can be made out with certainty, there is nothing calling for special treatment; but the treatment pursued in ordinary sore throat may be generally followed with advantage. It is practically a self-limited disease with a tendency to recovery. When fœtor exists, as during the detachment of patches of exudation, antiseptic and detergent sprays may be employed. Solutions of borax, boric acid, carbolic acid, potassium permanganate, hydrogen peroxide, etc., are appropriate. Lemon-juice is often an agreeable and an efficient application. In those individuals, especially strumous and tuberculous subjects, in whom there is a constitutional proclivity

to chronicity, or to the recurrence of the peculiar manifestations, more active measures will be required. Locally, frequent application of the dilute acids—say, every day or two—affords the most satisfactory results. Internally, iron and cinchona preparations should be administered. Opium in small doses is of special efficacy, not as a narcotic, but as a gentle stimulant or nervous tonic. Nux vomica and arsenic may be employed for similar purposes. The diet should be highly nutritious and easily assimilable. Unnecessary exposure should be avoided. Supporting measures generally, hygienic as well as medicinal, should be persisted in. When membranous sore throat exhibits a tendency to phagedæna, the treatment for gangrenous sore throat becomes indicated. Common membranous sore throat may invite an attack of diphtheria, or the diagnosis may be in doubt. In that case the prudent course is to treat the affection as diphtheria, but to avoid the recommendation for diphtheria of some indifferent remedy during the exhibition of which a case of membranous sore throat has ended in recovery. When extension to the larynx occurs and threatens suffocation, tracheotomy or intubation to avert death should be practiced, as in croup or diphtheria.

In cases of recurrent or chronic membranous sore throat the cause should be searched for in the dwelling of the patient or in his place of vocation. Should either of these be found unhealthy, nothing short of change to healthier surroundings will be likely to be of permanent service.

1431 Walnut Street, Philadelphia, *February 7, 1889.*

REASONS WHY

Physicians Should Subscribe

FOR

The New York Medical Journal,

EDITED BY FRANK P. FOSTER, M. D.,

Published by D. APPLETON & CO., 1, 3, & 5 Bond St.

1. **BECAUSE:** It is the *LEADING JOURNAL* of America, and contains more reading-matter than any other journal of its class.
2. **BECAUSE:** It is the exponent of the most advanced scientific medical thought.
3. **BECAUSE:** Its contributors are among the most learned medical men of this country.
4. **BECAUSE:** Its "Original Articles" are the results of scientific observation and research, and are of infinite practical value to the general practitioner.
5. **BECAUSE:** The "Reports on the Progress of Medicine," which are published from time to time, contain the most recent discoveries in the various departments of medicine, and are written by practitioners especially qualified for the purpose.
6. **BECAUSE:** The column devoted in each number to "Therapeutical Notes" contains a *résumé* of the practical application of the most recent therapeutic novelties.
7. **BECAUSE:** The Society Proceedings, of which each number contains one or more, are reports of the practical experience of prominent physicians who thus give to the profession the results of certain modes of treatment in given cases.
8. **BECAUSE:** The Editorial Columns are controlled only by the desire to promote the welfare, honor, and advancement of the science of medicine, as viewed from a standpoint looking to the best interests of the profession.
9. **BECAUSE:** Nothing is admitted to its columns that has not some bearing on medicine, or is not possessed of some practical value.
10. **BECAUSE:** It is published solely in the interests of medicine, and for the upholding of the elevated position occupied by the profession of America.

Subscription Price, $5.00 per Annum. Volumes begin in January and July.